



SONSHINE CHRISTIAN ACADEMY

Preschool Student Enrollment Application: 2018-2019

(Please review the complete Enrollment Information packet for ALL required forms)

New Students: A Non-Refundable Application Processing Fee of \$25.00 is due at the time of submission. Upon arrival, a Non-Refundable and Non-Transferable Enrollment Fee of \$75.00 will be due.

Grade Level: PreK3 PreK4

(Students entering PreK3 and PreK4 must be 3 or 4 years of age, respectively by September 30, 2018)

A. GENERAL STUDENT INFORMATION

Student's Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone Number: _____ Birth Date: _____ Student's Social Security Number: _____

B. PARENT/GUARDIAN INFORMATION

Student Resides With: Father & Mother Father Mother Other (State name and relationship)

Parents' Marital Status: Married Separated Divorced Widowed Single

Parent/Guardian's Last Name: _____ Parent/Guardian's First Name: _____

E-Mail Address: _____ Home/Cell Phone: _____ Name of Employer: _____

Parent/Guardian's Last Name: _____ Parent/Guardian's First Name: _____

E-Mail Address: _____ Home/Cell Phone: _____ Name of Employer: _____

Is either parent or guardian a SCA Alumnus? Yes No (If Yes, indicate response below)

Father, SCA Graduating Class of _____ Mother, SCA Graduating Class of _____

Guardian, SCA Graduating Class of _____

C. EMERGENCY CONTACTS (If parent(s) cannot be reached in case of emergency)

Contact Name Relationship Phone

Contact Name Relationship Phone

Name of Physician or Clinic Address Phone

Name of Dentist Address Phone

D. RELEASE LIST (Persons with permission to pick-up student for transportation etc.)

Name of Adult Driver's License No. Relationship

Name of Adult Driver's License No. Relationship

E. ANNUAL ROSTER DISTRIBUTION LIST AUTHORIZATION

We are required by state law to provide a roster of all Preschool students which includes names and phone numbers of parents. Although this roster is required by state law, you do have the option to have your information excluded. Please advise us of your decision below.

I authorize the following to be listed on the Parent Distribution Roster:

Please select all that apply

Student's Name	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Guardian's Name	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Phone Number	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of Parent/Guardian _____ Date _____

F. PLEASE COMPLETE IF APPLICABLE

Chronic Physical Condition (s):
History of Hospitalization:
Diseases Student has had in the past:

Allergies and Treatment:

Medication, Food Supplements, Modified Diet or Fluoride Supplements:

Has the Student experienced disciplinary difficulty resulting in suspension, probation or expulsion?

Yes (Please explain) No

Has the Student exhibited any developmental challenges which may affect his/her activities or academic progress or for some reason should be known by his/her teacher? Yes (Please Explain) No

G. FAMILY'S CHURCH AFFILIATION

Name of Current Church Attending

Denomination

Pastor's Name

Street Address

City/State

Zip Code

Church Attendance: Regular Seldom

H. TUITION PAYMENT METHOD

Please indicate how you plan to pay for your student's tuition, selecting from one of our payment methods listed below: Private Pay Title XX Pre-K Grant

I. LATCHKEY SERVICES

Will your child need to be enrolled in our Latchkey Program on-site? Yes No

**** Title XX, or Pre-K Grant can NOT be used to pay for Latchkey Services****

J. IMPORTANT DOCUMENTS REQUIRED

For all new Students, upon application approval, a copy of the child's Birth Certificate and Immunization Records must be submitted to the office, along with the Enrollment Fee of \$75.00. Birth Certificates may be obtained from the City Health Department at 240 Parsons Avenue. However, for children born outside of the Columbus area, a birth certificate may be obtained from the place of birth.

Please Review the Complete Enrollment Packet Online to Obtain a Copy of the Necessary **Medical Record** form and the **Early Childhood Education Eligibility Screening Tool**

Parent/Guardian Signature

Date

Sonshine Christian Academy will provide a Christ-centered education for the qualified children of the Columbus area and surrounding communities without discrimination of race, color, gender, national or ethnic origin or socioeconomic status.

To submit form, please print and return to 1965 Gladstone Ave. Columbus Ohio 43211, or save this form to a location on your hard drive, and submit via email to info@scaoh.us

1965 Gladstone Ave. | Columbus, Ohio 43211 | Main Office: (614) 291-6840 | Fax: (614) 291-6841
www.scaoh.us